

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1			1				51				
2				1			52				
3					1		53				
4			1				54				
5							55				
6				1			56				
7					1		57				
8							58				
9							59				
10							60				
11							61				
12							62				
13			-1				63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22			1				72				
23							73				
24							74				
25							75				
26			1				76				
27							77				
28				1			78				
29							79				
30							80				
31							81				
32							82				
33				1			83				
34							84				
35							85				
36							86				
37			1				87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			7				Total Indep				
Total Depend			26				Total Depend				
Total Claims			33				Total Claims				